

NEW MEXICO DEPARTMENT OF VETERANS' SERVICES
APPLICATION FOR CERTIFICATE OF ELIGIBILITY
FOR VETERANS' TAX EXEMPTION
OR
DISABLED VETERAN PROPERTY TAX WAIVER
Application is being made for:

Veterans Tax Exemption ☐ and or Disabled Veteran Tax Waiver ☐

FOR OFFICIAL USE ONLY
Veteran Exemption #

FOR OFFICIAL USE ONLY
Disabled Waiver #

If applying for Disabled Veteran Waiver, please see box #5.

Please print, use ink or typewriter to complete all items. Please read information on the reverse side of this application. Do not complete this form if you have already applied for and received an original Veterans' Certificate of Eligibility Certificate. If an original certificate has been lost, destroyed, or stolen, please refer to DVS Form entitled, "Affidavit of Loss of Veterans' Tax Exemption Certificate".

1. NAME OF APPLICANT (LAST, FIRST, MIDDLE)

VETERAN SURVIVING SPOUSE

2. ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP)

PHONE NUMBER

3. NAME OF VETERAN (TO CORRESPOND WITH NAME ON DISCHARGE)

4. ACTIVE DUTY

BRANCH	DATES OF SERVICE		PLACE OF ENTRY	PLACE OF SEPARATION	SERVICE NUMBER	SSN
	Entered	Separated				

5. IF APPLYING FOR DISABLED VETERAN WAIVER, PLEASE PROVIDE THE FOLLOWING:

VETERANS CLAIM NUMBER:

DATE AWARDED 100%

6. IF APPLICATION IS BEING MADE BY UNREMARKED SURVIVING SPOUSE:

DATE OF DEATH

PLACE OF DEATH

7. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN LISTED ABOVE:

☐ YES ☐ NO

8. GIVE DATE OF LEGAL RESIDENCE IN THE STATE OF NEW MEXICO

9. CERTIFICATION OF APPLICANT

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE TO PUNISHMENTS IN ACCORDANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS.

SIGNATURE

DATE

10. CERTIFICATION OF AUTHORIZED OFFICIAL (TO BE USED BY AUTHORIZED DVS EMPLOYEE ONLY)

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS:

SIGNATURE _____ DATE _____ DOCUMENTS VIEWED _____ DD 214 _____ 100% Ltr _____ D-C _____ PIT I _____ voter registration

ATTENTION APPLICANTS;

PLEASE REFER TO THE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION